P2654 Compliance to the 5 moments of hand hygiene in German hospitals: data from the national surveillance system (HAND-KISS)

Tobias Kramer*1, Janine Walter2, Karin Bunte2, Romina Grajcar1, Jörg Clausmeyer1, Jessica Emrich2, Christiane Reichardt2, Petra Gastmeier1

1 Institute for hygiene and environmental medicine, Charité-Universitätsmedizin Berlin, Berlin, Germany, 2 Aktion Saubere Hände, Charité-Universitätsmedizin Berlin, Berlin, Germany

Background: Hand hygiene plays a crucial role in the prevention of healthcare-associated infections and transmission of multidrug resistant bacteria. In 2008 the campaign ‘Aktion Saubere Hände’ (ASH) was launched in Germany, based on the World Health Organization’s ‘Clean Care is Safer Care’ initiative. Implementation of the WHO my 5 moments of hand hygiene was introduced. In 2014 a voluntary national surveillance electronic tool for the documentation of directly observed compliance to hand hygiene was introduced (HAND-KISS).

The objective was to identify compliance rates of hand hygiene in German hospitals 2014-2017, with a special focus on compliance before aseptic procedures.

Materials/methods: Direct observation of compliance to hand hygiene is performed in the participating hospital by trained local staff according to adapted recommendations of the WHO. Results are collected and validated in the module for hand hygiene in the national hospital infection surveillance system (HAND-KISS).

Results: The number of wards that performed and reported compliance observations increased from 576 (109 hospitals) in 2014 to 1,652 (381 hospitals) in 2017. Those were performed on regular wards (n=1,079), on ICUs (n=477) and on IMC (n=65). A total of 1,089,277 indications were observed during the time period. Overall Compliance improved from 73% (IQR: 63-81) to 76% (IQR: 66-84) on all type of wards. In 2017 indications prior to touching patients (71%; IQR: 58-84) or before clean/aseptic procedures (68%; IQR: 53-86) were less frequently associated with a hand disinfection, when compared to moment after body fluid exposure risk (84%; IQR: 75-91), after touching the patient (84%; IQR: 75-91), and its immediate surroundings (73%; IQR: 59-84).

While compliance to hand hygiene was 73% prior preparation of i.v. medication, it was only 65% prior to application of i.v. drugs.

Conclusions: Direct observation of compliance to hand hygiene is widely established in german hospitals and frequently used as a measure for feedback.